

FILED

# Ohio Campaign Finance Report

**Prescribed by Secretary of State 3/05**

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>GIBBS 4 KIDS COMMITTEE</b>										Registration Number, if PAC					
Full Name of Candidate <b>Weirdella L. Gibbs</b>															
Street Address <b>334 Benedetti Ave</b>							Office Sought <b>School Board</b>				District <b>Columbus</b>				
City <b>Columbus</b>							State <b>O H</b>		Zip Code <b>43213</b>						
Type of Report		Pre-Primary		Post-Primary		Pre-General		Post-General		X		Annual Year <b>2009</b>			
Date of Report		July		August		September		Termination				Semiannual			
Frequency		Monthly		Monthly		Monthly		Termination							
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No				Report Electronically filed? <input type="checkbox"/> Yes <input type="checkbox"/> No				Date of Election		M <b>1 1</b>		D <b>0 6</b>		Y <b>0 7</b>	

For candidates only, during an election year if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required at a post-primary or post-general period, if above statement applies See R C 3517 10(H) for details

1. Total work performed (from Form No. 1)	\$ 1,183.90
2. Materials and supplies (from Form No. 2)	\$ 725.00
3. Fuel and oil (from Form No. 3)	\$
4. Lubricating oil (from Form No. 4)	\$ 1,908.90
5. Tires and wheels (from Form No. 5)	\$ 486.19
6. Repairs and maintenance (from Form No. 6)	\$ 1,422.71
7. Insurance (from Form No. 7)	\$
8. Depreciation (from Form No. 8)	\$
9. Interest on loans (from Form No. 9)	\$
10. Other expenses (from Form No. 10)	\$
11. Total of all expenses (from Form No. 11)	\$
12. Profit (from Form No. 12)	\$
13. Total (from Form No. 13)	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION WHOEVER  
COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

**Sye Cunningham, Treasurer**

Print Name and Title (Treasurer and Deputy Treasurer only)

**Signature**

1/28/10

Date \_\_\_\_\_

Contribution	page
--------------	------

1

**Expenditure**  
**pages**

2

Other  
pages

4

**Total  
pages**

7

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>GIBBS 4 KIDS COMMITTEE</b>							
Full Name of Contributor <b>See Statement of Contributions 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc )		
City	State	Zip Code	M	D	Y	Amount <b>725.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc )		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc )		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc )		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc )		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc )		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc )		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc )		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc )		
City	State	Zip Code	M	D	Y	Amount	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R C 3517 10(B)(4)]

Page Total \$ 725 00

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>GIBBS 4 KIDS COMMITTEE</b>							
To Whom Paid <b>Yahoo.com</b>				M <b>0</b>	D <b>7</b>	Y <b>0</b>	Amount <b>12.95</b>
Address		Purpose <b>Website</b>					
City	State <b>C</b>	Zip Code <b>A</b>	Check Number <b>Debit Card</b>				
To Whom Paid <b>Urban Trendsetters</b>				M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>150.00</b>
Address <b>823 East Long St.</b>		Purpose <b>Advertising</b>					
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43203</b>	Check Number <b>161</b>				
To Whom Paid <b>Yahoo.com</b>				M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>12.95</b>
Address		Purpose <b>Website</b>					
City	State <b>C</b>	Zip Code <b>A</b>	Check Number <b>Debit Card</b>				
To Whom Paid <b>CVS Pharmacy</b>				M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>20.67</b>
Address <b># 3238</b>		Purpose <b>Card Stock</b>					
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H</b>	Check Number <b>Debit Card</b>				
To Whom Paid <b>Franklin County Democratic Party</b>				M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>110.00</b>
Address <b>271 East State St.</b>		Purpose <b>Golf Event</b>					
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43215</b>	Check Number <b>134</b>				
To Whom Paid <b>McTigue Law Group</b>				M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>75.00</b>
Address <b>550 East Walnut St.</b>		Purpose <b>Consult</b>					
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43215</b>	Check Number <b>133</b>				
To Whom Paid <b>Target</b>				M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>17.04</b>
Address <b># 00010587</b>		Purpose <b>Supplies</b>					
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H</b>	Check Number <b>Debit Card</b>				
To Whom Paid <b>Yahoo.com</b>				M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>12.95</b>
Address		Purpose <b>Website</b>					
City	State <b>C</b>	Zip Code <b>A</b>	Check Number <b>Debit Card</b>				

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>GIBBS 4 KIDS COMMITTEE</b>									
To Whom Paid <b>Yahoo.com</b>						M	D	Y	Amount
						1	0	0	12.95
Address			Purpose <b>Website</b>						
City			State	Zip Code	Check Number				
			C	A	Debit Card				
To Whom Paid <b>Yahoo.com</b>						M	D	Y	Amount
						1	1	0	12.95
Address			Purpose <b>Website</b>						
City			State	Zip Code	Check Number				
			C	A	Debit Card				
To Whom Paid <b>Yahoo.com</b>						M	D	Y	Amount
						1	2	0	12.95
Address			Purpose <b>Website</b>						
City			State	Zip Code	Check Number				
			C	A	Debit Card				
To Whom Paid <b>See Statement of Expenditures 31-F</b>						M	D	Y	Amount
									35.78
Address			Purpose						
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	Zip Code	Check Number				

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>GIBBS 4 KIDS COMMITTEE</b>						
Full Name of Contributor <b>Kesha Garrett</b>			Registration Number, if PAC			
Street Address <b>3184 Gidion Lane</b>	Employer/Occupation/Labor Organization* <b>Columbus Urban League</b>		M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43219</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Oyauma Garrison</b>			Registration Number, if PAC			
Street Address <b>8033 Slate Park Ave.</b>	Employer/Occupation/Labor Organization* <b>Nationwide</b>		M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>20.00</b>
City <b>Reynoldsburg</b>	State <b>O</b>	Zip Code <b>H 43068</b>	Form(Cash,Check,etc) <b>Cash</b>			
Full Name of Contributor <b>Tyrome Alexander</b>			Registration Number, if PAC			
Street Address <b>1790 Mountain Oak Road</b>	Employer/Occupation/Labor Organization* <b>Ohio State University</b>		M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>25.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43219</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Donna Moore</b>			Registration Number, if PAC			
Street Address <b>2274 New Village Road</b>	Employer/Occupation/Labor Organization* <b>Ohio Secretary of State</b>		M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>20.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43232</b>	Form(Cash,Check,etc) <b>Cash</b>			
Full Name of Contributor <b>Lisa Keyes</b>			Registration Number, if PAC			
Street Address <b>1564 Deporres Drive</b>	Employer/Occupation/Labor Organization* <b>Keyes @ Style</b>		M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43219</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Trackey Colson</b>			Registration Number, if PAC			
Street Address <b>406 Meacham Run Court</b>	Employer/Occupation/Labor Organization* <b>Columbus City Schools</b>		M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>25.00</b>
City <b>Westerville</b>	State <b>O</b>	Zip Code <b>H 43081</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Lark Mallory</b>			Registration Number, if PAC			
Street Address <b>8108 Slate Ridge Blvd.</b>	Employer/Occupation/Labor Organization* <b>Chester, Wilcox, &amp; Saxbe</b>		M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>30.00</b>
City <b>Reynoldsburg</b>	State <b>O</b>	Zip Code <b>H 43068</b>	Form(Cash,Check,etc) <b>Check</b>			

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear [R C 3517 10(B)(4)]

Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No 31-A. Under Full Name of Contributor state "Contributions from form No 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event

Page Total \$ 270.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>GIBBS 4 KIDS COMMITTEE</b>						
Full Name of Contributor <b>Michelle Mills</b>			Registration Number, if PAC			
Street Address <b>2456 Ashpoint St.</b>	Employer/Occupation/Labor Organization* <b>St. Stephens</b>		M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43219</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Janelle Simmons</b>			Registration Number, if PAC			
Street Address <b>2686 Bloom Drive</b>	Employer/Occupation/Labor Organization* <b>Limited Brands</b>		M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43219</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Charlene Greene</b>			Registration Number, if PAC			
Street Address <b>1599 E. Gates St.</b>	Employer/Occupation/Labor Organization* <b>Retired</b>		M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>30.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Mark Bell</b>			Registration Number, if PAC			
Street Address <b>2058 Hoyt St.</b>	Employer/Occupation/Labor Organization* <b>US Government</b>		M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>20.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43219</b>	Form(Cash,Check,etc) <b>Cash</b>			
Full Name of Contributor <b>Allen Huff</b>			Registration Number, if PAC			
Street Address <b>3156 Falcon Bridge Drive</b>	Employer/Occupation/Labor Organization* <b>Neighborhood House</b>		M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43232</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Doris Calloway Moore</b>			Registration Number, if PAC			
Street Address <b>883 Schillingwood Drive</b>	Employer/Occupation/Labor Organization* <b>Franklin County Children S</b>		M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>50.00</b>
City <b>Gahanna</b>	State <b>O</b>	Zip Code <b>43230</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Jayne Moore</b>			Registration Number, if PAC			
Street Address <b>1632 Bryden Road</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43205</b>	Form(Cash,Check,etc) <b>Check</b>			

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear [R C 3517 10(B)(4)]

Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No 31-A. Under Full Name of Contributor state "Contributions from form No 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event

Page Total \$ 350.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>GIBBS 4 KIDS COMMITTEE</b>					
Full Name of Contributor <b>Marvin Jones</b>				Registration Number, if PAC	
Street Address <b>1655 E. Sycamore St.</b>	Employer/Occupation/Labor Organization*		M	D	Y
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	<b>0</b>	<b>8</b>	<b>0</b>
			<b>6</b>	<b>0</b>	<b>9</b>
			Form(Cash,Check,etc) <b>Cash</b>		Amount <b>20.00</b>
Full Name of Contributor <b>Courtnee Carrigan</b>					
Street Address <b>4094 Meadowleigh Way</b>				Employer/Occupation/Labor Organization* <b>YWCA</b>	
City <b>Gahanna</b>	State <b>O</b>	Zip Code <b>43230</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>
			<b>6</b>	<b>0</b>	<b>9</b>
			Form(Cash,Check,etc) <b>Check</b>		Amount <b>20.00</b>
Full Name of Contributor <b>Halle Malcomb</b>					
Street Address <b>2073 Park Run Drive</b>				Employer/Occupation/Labor Organization* <b>Girl Scouts</b>	
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43220</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>
			<b>6</b>	<b>0</b>	<b>9</b>
			Form(Cash,Check,etc) <b>Check</b>		Amount <b>20.00</b>
Full Name of Contributor <b>Charity Martin</b>					
Street Address <b>893 E. Long St.</b>				Employer/Occupation/Labor Organization* <b>Urban Spirit Café</b>	
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43203</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>
			<b>6</b>	<b>0</b>	<b>9</b>
			Form(Cash,Check,etc) <b>Cash</b>		Amount <b>20.00</b>
Full Name of Contributor <b>Shanikka Flinn</b>					
Street Address <b>2510 Kimberly Pkwy East #201</b>				Employer/Occupation/Labor Organization* <b>Precise One Marketing, LLC</b>	
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43232</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>
			<b>6</b>	<b>0</b>	<b>9</b>
			Form(Cash,Check,etc) <b>Check</b>		Amount <b>25.00</b>
Full Name of Contributor					
Street Address				Employer/Occupation/Labor Organization*	
City	State	Zip Code	M	D	Y
			Form(Cash,Check,etc)		Amount
Full Name of Contributor					
Street Address				Employer/Occupation/Labor Organization*	
City	State	Zip Code	M	D	Y
			Form(Cash,Check,etc)		Amount

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear [R C 3517 10(B)(4)]

Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No 31-A. Under Full Name of Contributor state "Contributions from form No 31-E" and list the date of the event in the date column

Total contributions this event

725.00

Total expenditures this event

35.78

Page Total \$ 105.00

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>GIBBS 4 KIDS COMMITTEE</b>							
To Whom Paid <b>Kroger's Market Place</b>				M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>35.78</b>
Address <b>#988</b>		Purpose <b>Catering for Event</b>					
City <b>Columbus</b>		State <b>O</b>	H <b>H</b>	Zip Code <b>43215</b>	Check Number <b>Debit Card</b>		
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State		Zip Code	Check Number		
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State		Zip Code	Check Number		
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State		Zip Code	Check Number		
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State		Zip Code	Check Number		
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State		Zip Code	Check Number		
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State		Zip Code	Check Number		

Transfer total expenditures for this event to Form No 31-B Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column